

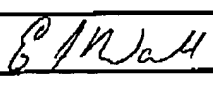
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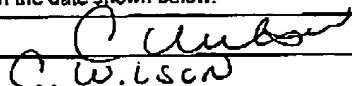
TRANSMITTAL FORM		Application Number		09/697,269	
		Filing Date		October 26, 1000	
(to be used for all correspondence after initial filing)		First Named Inventor		Goode	
		Art Unit		2611	
		Examiner Name		Christopher R. Nalevanko	
Total Number of Pages in This Submission		13	Attorney Docket Number		SEDN/002CP2DV1

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Moser, Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	3/18/05	Reg. No.	39,414

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031


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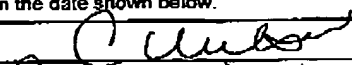
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	Filing Date	October 26, 1000
	First Named Inventor	Goode
	Art Unit	2811
	Examiner Name	Christopher R. Nalevanko
Total Number of Pages In This Submission	Attorney Docket Number	SEDN/002CP2DV1

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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<b>Remarks</b> It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Moser, Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	3/18/05	Reg. No.	39,414

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Signature			Date
Typed or printed name	C. W. Lison	Date	3-20-05

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IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

**PATENT APPLICATION**

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Applicants: **Christopher W.B. Goode et al**

Serial No.: **09/697,269**

Examiner: **Nalevanko, Christopher R.**

Filed: **October 26, 2000**

Group Art Unit: **2611**

Confirmation #: **7527**

Case: **DIVA/002-CP2DV1**

Title: **SYSTEM FOR  
INTERACTIVELY  
DISTRIBUTING  
INFORMATION  
SERVICES**

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Date	<u>3/20/05</u> <u>C.W. LSON</u>

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Alexandria, VA 22313-1450

S I R:

**RESPONSE UNDER 37 C.F.R. §1.116**

In response to the final Office Action mailed January 19, 2005, please consider the above-identified patent application as follows.

The Commissioner is authorized to charge any fees due (including excess claim and extension of time fees) to counsel's Deposit Account No. 20-0782/SEDN/002CIP2DIV1.